

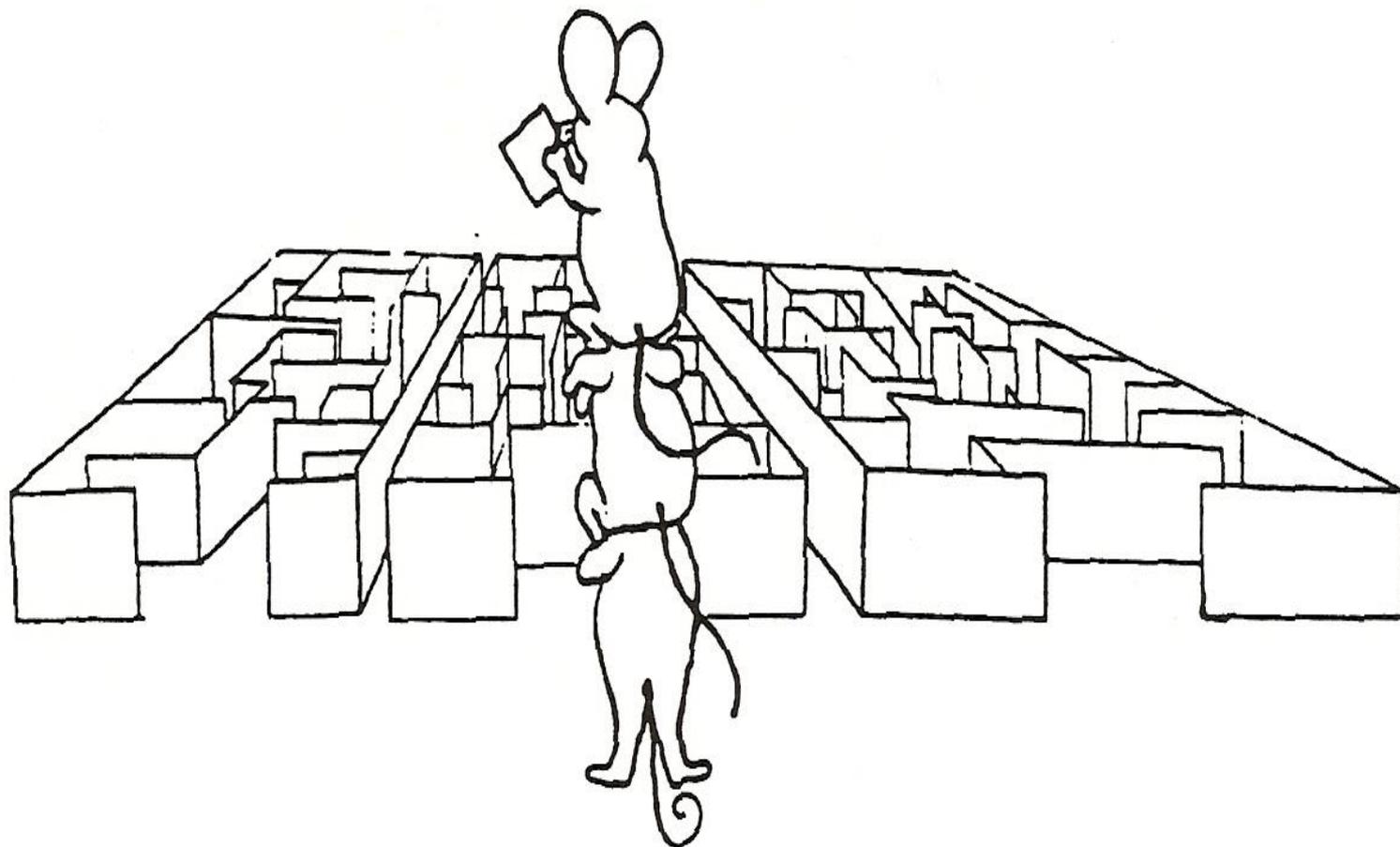


# Navigating Change

**Chronic Disease Risk Reduction Summit**  
**January 27 & 28, 2011**

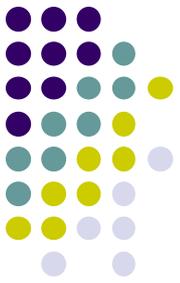
**KANSAS**  
**Chronic**  
**Disease**  
**Risk**  
**Reduction**







# Planning Phase



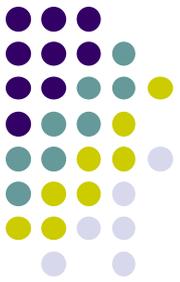
- Establish a chronic disease risk reduction coalition
- Implementation/completion of an approved Community Assessment
- Attend three trainings from the approved workshop list
- Minimum of one quarter-time staff to coordinate activities

# Capacity



- Functioning coalition & completion of assessment
  - Use assessment results to address:
    - one primary focus area for tobacco use prevention
- And/Or
- one community sector for obesity prevention & control
- Short-term Outcomes
- Minimum of **one quarter-time** staff person
  - Youth Tobacco Survey, inform legislators, promote Kansas Tobacco Quitline

# Implementation



- Met all requirements for Capacity
- Work on all three tobacco prevention focus areas; two community sectors for obesity (as funding allows)
- Minimum of **one half-time** staff person
- Grantee must show *efforts to begin to sustain* all or portions of the program through other funding sources

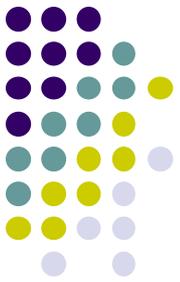


## **Sustainability grants**

- Met all requirements for Implementation
- Find additional funding sources, continued education

## **Maintenance grants**

- Support required data collection, conference attendance, & evidence based activities
- Serve as “Mentor” to additional grantees if needed

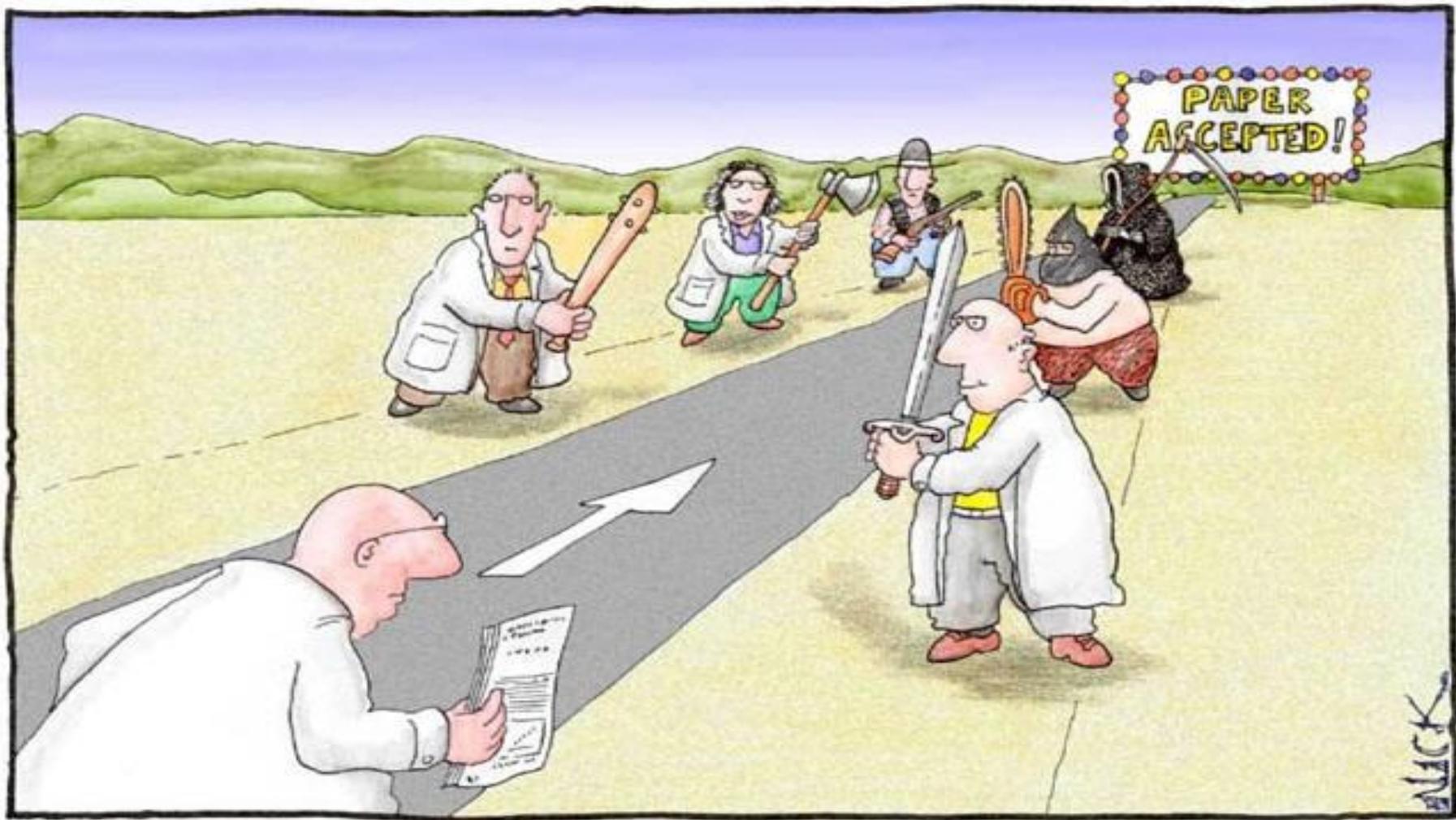


**Grant Applications must be received by:**  
**March 15, 2011**

Submit proposal electronically to:  
Pat Behnke, Office of Local and Rural Health

Return proposal as part of Aid-to-Local application packet

Follow instructions posted at  
[http://www.kdheks.gov/doc\\_lib/index.html](http://www.kdheks.gov/doc_lib/index.html)



# Check List



## Application Documents:

- Cover Sheet
- Executive Summary
- Community Profile
- Process Evaluation Plan (*1 for each activity*)
- Impact Evaluation Plan (*1 for each activity*)
- Coalition Members List
- Connections Map (*Planning grantee only*)



# Check List cont'd

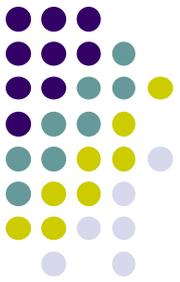
Staffing Plan

Detailed Budget for Grant Funds

Budget Justification

Salary Worksheet

# References



Document Check List

MAPPS Interventions for Communities

Putting Prevention to Work

Short Term Outcome Indicators

Program Phases

Example – Evaluation Plan Format –  
CHANGE

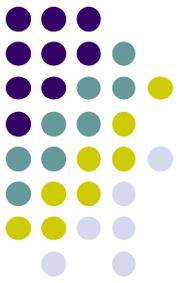
Example – Impact Eval

Example – Process Eval

Example 2 – Impact Eval

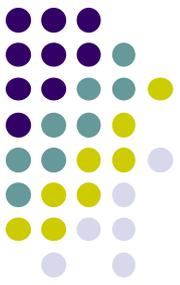
Example 2 – Process Eval

# Changes



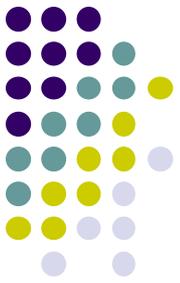
- Minimum Staffing
- No more than 10% of administrator's salaries may be funded by CDRR
- Community Profile Form
- Process Evaluation
- Impact Evaluation
- *Reporting*

# You have all of the data, what's the problem?



**Reporting**

# Reporting Forms



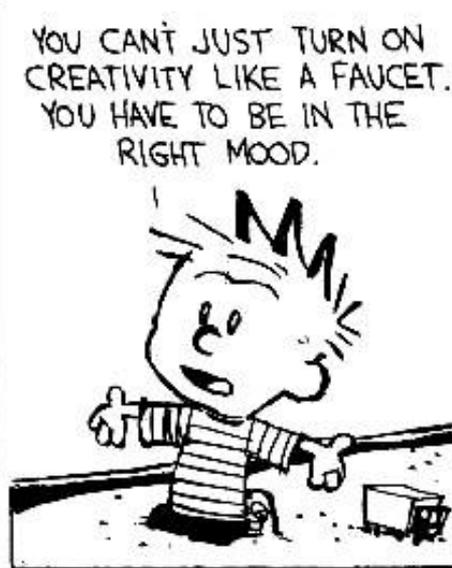
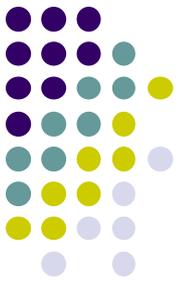
- **Mid – Year and Final Reports:**
- Grant Reporting Form Guide
- Evaluating Outcomes and Activities (*1 for each activity*)

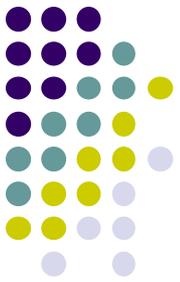


# “What do you think I said?”

- Challenging, yet feasible outcomes
- Select needed outcomes
- Activity should relate to objective
- Budget justification
- Clarify staff time

“Have you heard?”





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**KANSAS  
Chronic  
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Risk  
Reduction**

